PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number FS-F-03221-01

-		CLAIMS AS	S FILED - (Column		-	(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			25	25			ſ	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		*5			X\$ 9=		OR	X\$18=	90	
INDEPENDENT CLAIMS			/ _ minus 3 =		*		I	X43=		OR	X86=	,,,	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=		
* If	the difference	e in column 1 is	less than ze	ero, enter	""0" in c	column 2	L	TOTAL		OR	TOTAL	860	
CLAIMS AS AMENDED - PART II								, 0] ~	OTHER		
		(Column 1)	(Colum			(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	- 0: 0:4	=	Ī	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT C				CLAIM			+145=		OR	+290=		
								TOTAL	-		TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE ADDIT. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	• 	OŖ	X\$18=		
	Independent	*	Minus	***	· C! A!N4	= -		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JET IPLE DEP	ENDENI	CLAIIVI			+145=		OR	+290=		
							. L	TOTAL DDIT. FEE			TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Indep ndent	*	Minus	***		=		X43=		OR	X86=	 -	
۸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						·			UH			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=			
**	If the "Highest Nur	mber Previously Pa mber Previously Pa	aid For" IN THIS	S SPACE is	s less that	n 20, enter "20."	ΑI	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
		ber Previously Paid					foun	id in the app	ropriate box	cin col	umn 1.		